	Al .	ONMENTAL HEALTH	ICES
	7	RE FACILITY ON REPORT	
Regular Follow-Up Complain Investigat Other: No. of Child	GRADE Inspection Date: ESTABLE 3/30/18 TAME OF SANITARY PERMIT NO.: 20000-1800001 HERMI Child Collowing items identify violations found this day in the program of the prog	LISHMENT NAME: VICTORIA'S CHAMOR R/OPERATOR: RTE MARIE LYNN ION: 159 ETTON LN-E AJANA T STATUS: Valid perations and facilities which ince may result in downgradi	Stablishment Type: FMILY DAY CARE HOME TemporaryExpired Valid / / Provisional / / Expired h must be corrected by the next ng or permit suspension. To appea
ITEM*	a written request for hearing must be sub REMARKS	nitted before the indicated co	DEMERIT CORRECT BY
11.2.11	(V=11= = 011= = = 1 = = = = = = = = = = =	DICTES	DEMENII CONNECT B
		NDUCTED.	10.4
	PREVIOUS INSPECTION CONDUCTE	D ON 12/5/17	(O,A).
	The Fall was a series		
	THE FOLLOWING WAS OBSERVED	·	
	No. 2021 47: 10		
	NO VIOLATIONS		
	"A" PLACARD # 02484 ISSN		
	A PLACARD # 02484 ISSU	ED.	
	PIC BRIEFED ON THE ABOVE.		
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	(Fileson Fileson Files		
-			Service Control of the Control of th
	THE PARTY OF THE PARTY OF THE PARTY.	The Parkers	
l have	e read and understand the above violation(s) and	I am aware of the correct	tive measures to be taken.
*Note:	When any of the following items are Receiv	ed By (Name & Title):	
cited a	bove, they shall be corrected within 10 days of this inspection: DEH If	spector (Name & Title):	2120118

Rev: 08/2/05 DEH-06

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

DEH Inspector (Name & Title):

J. GARCIA FP101 /